Infrastructure and Service Improvement Plan for the Emergency Shelter System

Community Development and Recreation Committee
March 23, 2015
Context

• Strategic Direction #8 in 2014-2019 Housing Stability Service Planning Framework
  – continue to maintain a strong emergency shelter system

• Housing First approach to ending homelessness
  – While providing a robust, responsive capacity to assist people in crisis

• Support the City’s Poverty Reduction Strategy
Shelter system overview

• 4,476 full-time beds
  – 3,395 emergency shelter beds (76%)
  – 1,081 transitional shelter beds (24%)

• 59 shelter sites across the city
  – 10 directly operated
  – 49 operated through purchase of service contracts with community providers (68% of beds)
Shelter system overview

• In 2014
  – more than 16,000 unique individuals used the shelter system
  – each shelter bed was used, on average, by almost 4 different people
  – 64% of shelter users were male, 35% female and 1% transgender
  – 69% were adults, 19% were youth (aged 16 to 24) and 19% were children under 16
Shelter use has been increasing
Occupancy rate pressure

Total Shelter System Occupancy Rate 2011-2014

172 Flex beds made permanent April 2013
Length of shelter use

- Most people use the shelter system for a short time - half of all shelter users exited homelessness in 54 days or less.
Long-term shelter users

- Ten percent of shelter users had been homeless for more than a year and used 32% of all shelter bednights available in 2014.

**Proportion of bednights by length of homelessness 2014**

- 39% of clients stayed 1 to 30 days
- 23% of clients stayed 30 to 91 days
- 21% of clients stayed 92 to 182 days
- 23% of clients stayed 183 to 365 days
- 17% of clients stayed 366 to 720 days
- 16% of clients stayed 721 to 1095 days
- 9% of clients stayed 1096 days or more
Vision for the emergency shelter system

• Transformation of the emergency shelter system
  – move away from a system that is reactive and focused on temporary, emergency responses
  – Move to a shelter system where:
    ✓ people can easily access a shelter bed appropriate to their needs
    ✓ people are assisted to move back into permanent housing in a short period of time
    ✓ services are responsive, flexible and focused on permanent, preventative solutions
Need to address supply and demand

• Mix of strategies are proposed that address both the demand for emergency shelter and the available supply

1) Manage supply
   – Add new capacity to the shelter system to respond to the immediate needs of people who are homeless and in crisis

2) Reduce demand
   – Without also implementing strategies to ensure people are able to return to housing quickly, pressures on the emergency shelter system will only continue to increase
Strategies to manage supply

• Total of 15 new shelter locations needed:
  – 3 for new capacity (funding in 2015 Budget)
  – 6 for relocation or replacement of existing shelters due to pressure created by real estate market and need to upgrade existing shelter facilities
  – 6 as a result of George Street Revitalization (4 permanent, 2 temporary)

• REOI in progress

• Search for appropriate shelter sites is underway in partnership with Real Estate Services
Strategies to reduce demand

• Housing First pilot program that focuses on housing people who have been in shelter for more than one year
  – target 200 people over 12 months
  – free up shelter beds for their original emergency purpose

• Two approaches:
  – Internal: Coordinated Housing First team to provide intensive case management supports plus a housing allowance
  – External: Partner with LHINs; use housing allowances to leverage more intensive housing supports
More efficient use of existing resources

- Initiatives underway to improve services and prevent people from becoming long-term shelter users:
  - updating the Shelter Standards;
  - reviewing use and function of transitional shelter programs;
  - developing enhanced centralized access system for emergency shelters;
  - developing strategic performance indicators and new funding model that creates incentives to support clients in moving to permanent housing;
  - integrated Mental Health and Addictions Strategy workplan.